

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Principles Fund			FEC IDENTIFICATION NUMBER ▼ C C00544387		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee LSC Marketing			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 28 / 2014		
Mailing Address PO Box 3775			Amount 17536.92		
City Little Rock		State AR	Zip Code 72203-3775		
Purpose of Expenditure Direct Mail - Production & Printing		Category/Type 004		Transaction ID : SE.4328 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 16 / 2014	
Name of Federal Candidate JEFFREY BELL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 17536.92			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee LSC Marketing			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 28 / 2014		
Mailing Address PO Box 3775			Amount 57989.76		
City Little Rock		State AR	Zip Code 72203-3775		
Purpose of Expenditure Direct Mail - Postage & Shipping		Category/Type 004		Transaction ID : SE.4327 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 19 / 2014	
Name of Federal Candidate JEFFREY BELL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 75526.68			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75526.68		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Cale Turner</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 05 / 28 / 2014		

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) American Principles Fund		FEC IDENTIFICATION NUMBER ▼ C C00544387	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Wickers Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address 1819 Polk Street #373		Amount 4000.00	
City San Francisco	State CA	Zip Code 94109	Transaction ID : SE.4326
Purpose of Expenditure Direct Mail - Design	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014	
Name of Federal Candidate JEFFREY BELL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NJ	
Calendar Year-To-Date Per Election for Office Sought 79526.68		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	79526.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cale Turner

[Electronically Filed]

Date

MM / DD / YYYY
05 / 28 / 2014

Signature